



08-01-01

GP/164218

Express Mail Label No. EL302645639US

TRANSMITTAL  
FORM

Application Serial Number	09/315,355
Filing Date	May 17, 1999
First Named Inventor	Keesee
Group Art Unit	1642
Examiner Name	Hunt, J.
Attorney Docket No.	MTP-023DV2
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form  | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)   | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Formal Drawing(s)  | <input type="checkbox"/> Appeal Brief (in triplicate)  |
| <input checked="" type="checkbox"/> Petition for Extension of Time   | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  | <input type="checkbox"/> Status Inquiry  |
| <input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations  | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)   | <input checked="" type="checkbox"/> Return Receipt Postcard  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  |
| <input checked="" type="checkbox"/> Sequence Listing submission<br><input checked="" type="checkbox"/> Paper Copy/CD<br><input checked="" type="checkbox"/> Computer Readable Copy<br><input checked="" type="checkbox"/> Statement verifying identity of above                                  | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application                        | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8   |
|  | <input checked="" type="checkbox"/> Small Entity Statement  | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><br>Copies of Exhibits A-F<br>Marked-up copy showing amendments to claims and specification |
|  | <input type="checkbox"/> CD(s) for large table or computer program  |  |
|  | <input type="checkbox"/> Amendment After Allowance  |  |
|  | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) |  |

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
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High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,  
  
Duncan A. Greenhalgh  
Atty/Agent for Applicant(s)  
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FY 2001

Complete if Known

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METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.							
3. <input checked="" type="checkbox"/> Applicant claims small entity status.							
FEE CALCULATION							
1. FILING FEE							
Large Entity Fee (\$)	Fee Description			Fee Paid			
710	Utility filing fee						
320	Design filing fee						
150	Provisional filing fee						
	Number Filed	Number Extra	Rate	Amount			
Total Claims	- 20 =		x \$ 18.00 =				
Independent Claims	- 3 =		x \$ 80.00 =				
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$270.00 =							
TOTAL:							
SMALL ENTITY DISCOUNT:							
SUBTOTAL (1) (\$)				0.00			
2. AMENDMENT CLAIM FEES							
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid			
Total 15	- 20 =	0	x \$ 18.00 =	0			
Indep. 3	- 3 =	0	x \$ 80.00 =	0			
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$270.00 =							
TOTAL: (\$)							
SMALL ENTITY DISCOUNT: (\$)							
SUBTOTAL (2) (\$)				0.00			
				SUBTOTAL (3) (\$) 195.00			
				SUBTOTAL (1) 0.00			
				SUBTOTAL (2) 0.00			
				SUBTOTAL (3) 195.00			
				TOTAL (\$) 195.00			
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted,  Duncan A. Greenhalgh Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110			
Date: July 30, 2001 Reg. No.: 38,678 Tel. No.: (617) 248-7317 Fax No.: (617) 248-7100							